PART B - FEE(S) TRANSMITTAL Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 (703) 746-4000 or Fax INSTRUCTIONS: This car should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further expression of the current correspondence address as indicated unless corrected between the current correspondence address as indicated unless corrected between the current correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications. Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address) 24374 7590 11/22/2004 VOLPE AND KOENIG, P.C. Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below. DEPT. ICC **UNITED PLAZA, SUITE 1600** 30 SOUTH 17TH STREET Je##rey M. Glabick; PHILADELPHIA PA 19103 /07/2005 HALI22 00000115 090435 10775279 (Signature) 1400.00 DA 01 FC:1501 (Date) 300.00 DA FC:1504 ATTORNEY DOCKET NO. CONFIRMATION NO. APPLICATION NO. FILING DATE FIRST NAMED INVENTOR I-2-0143.2US 1157 10/775,279 02/10/2004 Stephen G. Dick TITLE OF INVENTION: RANDOM ACCESS CHANNEL ACCESS AND BACKOFF MECHANISM 01/07/2005 HALI22 00000116 090435 10775279 01 FC:8001 15.00 DA **PUBLICATION FEE** TOTAL FEE(S) DUE DATE DUE SMALL ENTITY **ISSUE FEE** APPLN, TYPE \$1370- 1,400 02/22/2005 \$300 nonprovisional NO 1,700 CLASS-SUBCLASS **EXAMINER** ART UNIT 370-252000 2665 HO, DUC CHI 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 2. For printing on the patent front page, list Volpe and Koenig, P.C. (1) the names of up to 3 registered patent attorneys ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (B) RESIDENCE: (CITY and STATE OR COUNTRY) (A) NAME OF ASSIGNEE

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

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Typed or printed name Jeffrey M. Glabicki	Registration No. 42,584			

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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE erwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. **Application Number** 10/775,279 TRANSMITTAL Filing Date February 10, 2004 First Named Inventor **FORM** Dick et al. Art Unit 2665 **Examiner Name** Duc Chi Ho (to be used for all correspondence after initial filing) Attorney Docket Number I-2-0143.2US Total Number of Pages in This Submission

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ENCLOSURES (Check all that apply)									
X	Amendme	ee Attach	ed		Drawing(s) Licensing-related Papers Petition Petition to Convert to a Provisional Application			Appea of App Appea (Appea	Allowance Communication to TC Il Communication to Board peals and Interferences Il Communication to TC Il Notice, Brief, Reply Brief) etary Information
	Extension Express A	ffidavits/d n of Time Abandonr	leclaration(s) Request ment Request sure Statement		Power of Attorney, Revocal Change of Correspondence Terminal Disclaimer Request for Refund CD, Number of CD(s) Landscape Table on	e Address	Forn	Other below	Letter Enclosure(s) (please Identify): DL-85
Certified Copy of Priority Document(s) Reply to Missing Parts/ Incomplete Application Reply to Missing Parts under 37 CFR 1.52 or 1.53			narks						
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Signature / / / / / / / / / / / / / / / / / / /									
Printed	Printed name Jeffrey M. Glabicki						,		
Date January 4, 2005			ry 4, 2005			Reg. No.	42,584		
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pursuant to the Consolidated Ap	propriations Act, 2005 (H.R. 4818)	Application Number	10/775,279				
FEE TRANSMITTAL		Filing Date	February 10, 2004				
For F	Y 2005	First Named Inventor	Dick et al.				
		Examiner Name	Duc Chi Ho				
Applicant claims small entity	status. See 37 CFR 1.27	Art Unit	2665				
TOTAL AMOUNT OF PAYMENT	(\$) 1,712.00	Attorney Docket No.	I-2-0143.2US				
METHOD OF PAYMENT (che	ck all that apply)						
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For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.							
FEE CALCULATION							
1. BASIC FILING, SEARCH, A FIL Application Type Fee Utility 300	ING FEES SEA Small Entity (\$) Fee (\$) Fee	ARCH FEES EXA Small Entity Fee (\$) Fee	MINATION FEES Small Entity E (\$) Fee (\$) 0 100	Fees Paid (\$)			
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Plant 20	0 100 300	150 16	50 80 -				
Reissue 30	0 150 500	250 60	00 300 _				
Provisional 200 100 0 0 0 0 0 0 2. EXCESS CLAIM FEES Fee Description Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent 50 25 Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent 200 100 Multiple dependent claims 360 180							
Total Claims Extra (x = 0.0 paid for, if greater than 20 Claims Fee (\$) Fee x = 0.0	00 <u>F</u> e Pald (\$)	Iple Dependent Claims ee (\$) Fee Paid (0.00				
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SUBMITTED BY	11/1		
Signature	What In Hillid	Registration No. 42,584 (Attomey/Agent)	Telephone 215-568-6400
Name (Print/Type	Jeffrey M. Glabicki		Date January 4, 2005

Non-English Specification, \$130 fee (no small entity discount)

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